

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
EXAMINATIONS & LICENSING UNIT
GENERAL SERVICES

STATEMENT OF QUALIFICATIONS

INSTRUCTIONS: Part A of this form must be completed by the applicant. Part B must be completed by the Administrator/Owner of the facility. A separate form is to be completed by each Administrator/Owner of the facility substantiating your operating experience. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be documented. ONLY listing the "firm" as your employer is not acceptable. All experience must be submitted on this form. Please photocopy this form if you have more than one employer. Only forms with original signatures will be considered.

PART A

APPLICANT NAME _____

EXAM TYPE VSWS _____

PART B

APPLICANT NAME _____

APPLICANT JOB TITLE _____

PLACE OF EMPLOYMENT _____ PWSID # _____

LICENSE CLASSIFICATION(S) OF FACILITY _____

DATES OF EMPLOYMENT: FROM _____ TO _____

TOTAL OPERATING EXPERIENCE AT THIS FACILITY: _____ Yrs. _____ Mos.

Describe specific duties (responsibilities) performed while in the job title indicated above. Indicate the percentage of time spent in each area.

OPERATIONS (Records, reports, equipment operating, etc.)

_____ % of time

MAINTENANCE (Pumps, level controls, chlorination, etc.)

_____ % of time

LABORATORY PROCEDURE (Process control and regulatory testing)

_____ % of time

DISTRIBUTION (O & M Procedures)

_____ % of time

Are you the Administrator/Owner of this facility? ☐ Yes ☐ No

To the best of my knowledge, I certify the information provided on this statement of qualifications and any additional attachments is factual and accurate.

Print Name

Signature

Date

If you hold a NJ water treatment
or a distribution license, please
list the license class(es) currently
held and license number(s).

Title of Signatory
(Administrator, Owner, Superintendent, etc.)